PTC/SB/08 (12-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column'2) SMALL ENTITY FOR. NUMBER FILED NUMBER EXTRA RATE (S) BASIC FEE (37 CFR 1.18(a), (b), or (c)) FEE (\$) RATE (\$) FEE (\$) SEARCH FEE (37 CFR 1.16(K), (I), or (m)) EXAMINATION FEE . (37 CFR 1.16(0), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(1)) minus 20 = OR . = INDEPENDENT CLAIMS (37 CFR 1.16(h)) minus 3 = ٠.= if the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) .º If the difference in column 1 is less than zero, enter "0" in column 2: TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT RATE (\$) ADDI-TIONAL RATE (\$) AFTER AMENDMENT ADOL EXTRA PAID FOR FEE (\$) FEE (\$) Total (27 CFR 1.184)) Minus OR Independent GF CFR 1.16(h)) Minus ×200 • OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(D)) OR TOTAL TOTAL ADD'L FEE ADD! FEE OŖ (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) . O. ADDI RATE (\$) ADDI-TIONAL AFTER PREVIOUSLY EXTRA: TIONAL FEE (S) AMENDMENT PAID FOR FEE (S) · Total (37 CFR:1.160)) Minus OR Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) OR. TOTAL ADO'L FEE TOTAL OR-ADD'L FEE "If the entry in column 1 is less than the entry in column 2, write "O" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.